FEC FORM 1

STATEMENT OF ORGANIZATION

FORM 1 (See instructions)													
		(See instructions)					Office use only						
NAME OF COMMITTEE (iii	n full)	(Check if name is changed)		ole: If typying ne lines	g, type	12F	E4M5	5					
John Campb	ell For Cor	gress				ш	ш		ш			ш	
									ш				
ADDRESS (number an	d street)	4590 Macarthur Bo	oulevard						ш		ш	шШ	
(Check if add	dress	Suite 500							ш			ш	
is changed)		Newport Beach					CA L			92660 _ 2028			
COMMITTEE'S E-MA	AIL ADDRES	S	CITY▲				■		ZIP CODE ▲				
info@campbo	ellforcongr	ess.com										1	
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COMMITTEE'S WEE	B PAGE ADD	RESS (URL)											
www.campb	ellforcong	'ess.com 										Ш	
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COMMITTEE'S FAX 5309345776 2. DATE 0	M / D	D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y											
3. FEC IDENTIFIC			C C004	12312		1							
4. IS THIS STATE	EMENT	NEW (N) OR	X	AMEND	ED (A)								
I certify that I have example or Print Name of		ement and to the best of my k	nowledge and	belief it is tru	e, correct ar	nd comple	ete						
Signature of Treasure	er Electror	ically Filed by Kelly La	wler			Date	0	8 /	D 0 8	/ Y	ž (8 0 0	
NOTE: Submission of t		s, or incomplete information r			· ·		·		of 2 U.S.C	. S437g	J .		
Office Use Only			F	or further in ederal Election oll Free 800- ocal 202-694	on Commis -424-9530				FEC I	FORI			

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